



PATIENT

Susy Buhatrusso

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: not sedated- a little tense abdomen- Per O she has seen slight improvement with starting the galliprant. Still giving the Gabapentin. Per O pt is doing alright at home. If pt is laying down for a long time pt will limp on FLL. -

BREED

Mini Schnauzer

Abnormal PE/Chem/CBC/UA Results: ALT SAP BUN Creat 2/3/22 ALT 227SAP 1114 1/12/22 ALT183SAP 401 12/6/21 ALT370 SAP 1406 BUN 16 CREA 0.8 9/27/21 ALT147 SAP 758 BUN 11 CREA 0.6

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 years

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

18.6 lbs

The left kidney is normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
Animal Internal Medicine)

The right kidney is normal size (4.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.43 cm at caudal pole) (1.45 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Fairgrounds AH

The right adrenal gland is normal size (0.79 cm at cranial pole) (0.54 cm at caudal pole) (2.32 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. India Vannini

Spleen

The spleen is normal in size (1.35 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined hypoechoic nodules are observed. At least one small myelolipoma is also seen. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged with swollen, slightly rounded peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogenous in appearance, with several ill-defined hypoechoic nodules, some of which are target-like in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE

2/18/22



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is segmentally dilated with chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The base and right limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 1.20 cm medial iliac lymph node is visible. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes could be consistent with a benign process (i.e., regenerative nodular hyperplasia), +/- vacuolar hepatopathy. Alternatively, neoplasia cannot be completely excluded particularly given the presence of the target-like lesions.

Secondary Findings

- Age-related pancreatic remodeling/fibrosis. Concurrent low-grade pancreatitis is also possible, particularly if the patient exhibits a positive Murphy's sign.
- Minor age-related renal changes
- The hypoechoic splenic nodules are likely benign (i.e., foci of lymphoid hyperplasia or extramedullary hematopoiesis), with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids to assess hepatic function. Ideally hepatic tissue sampling (i.e., fine-needle aspirate or biopsy), would be helpful to further assess for hepatic neoplasia. Surgical biopsies would be ideal as they tend to be more representative of global organ pathology.
- Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.



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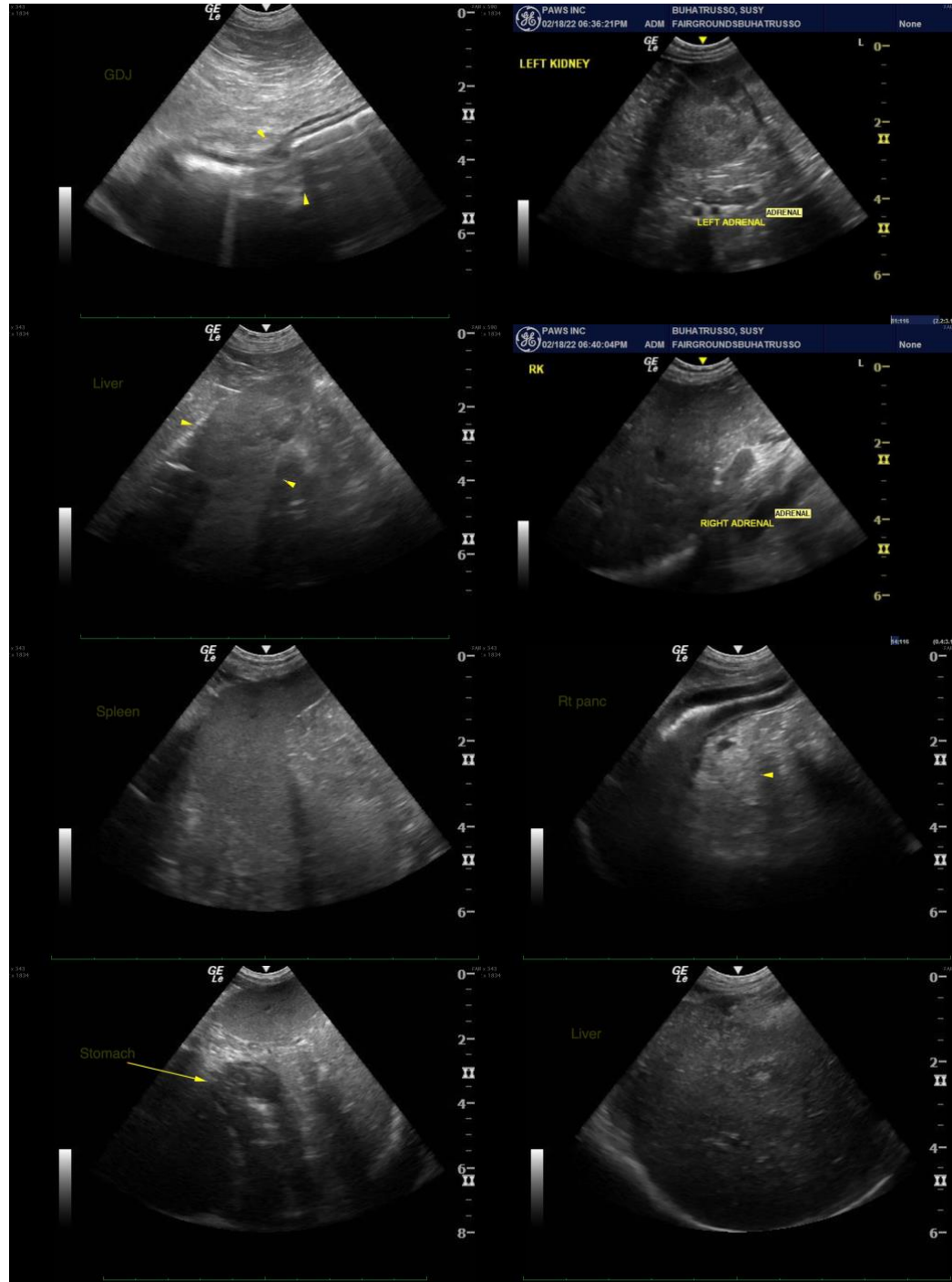
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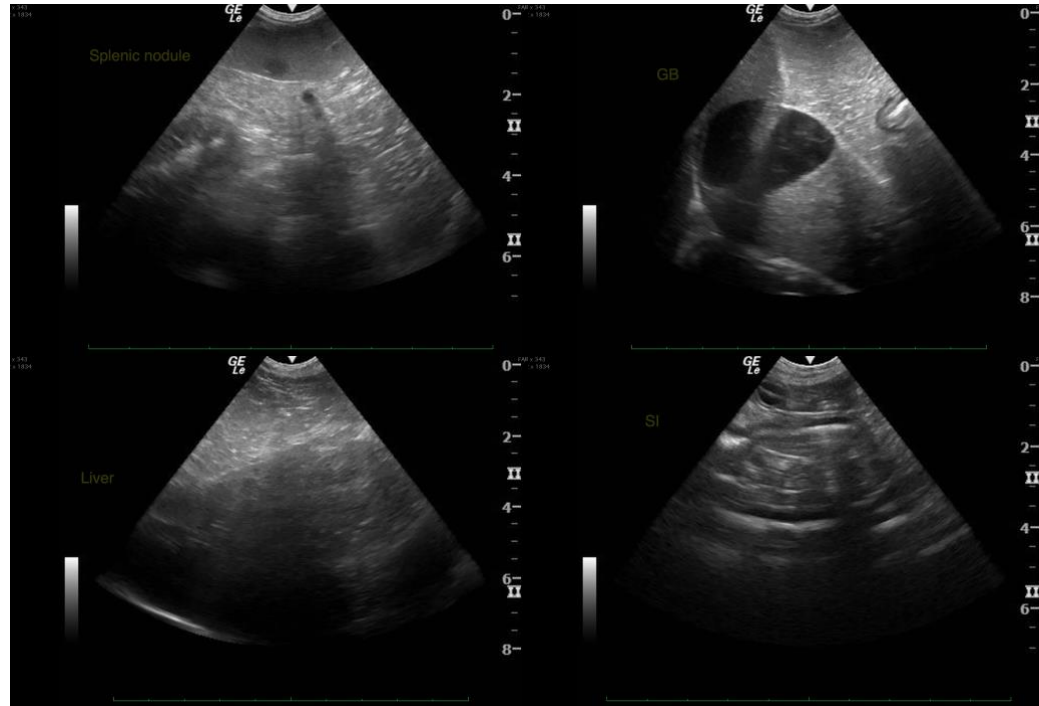
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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